



CHARLES D. BAKER
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Lieutenant Governor

The Commonwealth of Massachusetts

Executive Office of Health and Human Services
Department of Public Health
Division of Health Care Facility Licensure and
Certification

99 Chauncy Street, Boston, MA 02111

MARYLOU SUDDERS
Secretary

MONICA BHAREL, MD, MPH
Commissioner

APPOINTMENT OF RN PRIMARY INSTRUCTOR

(Please type or print legibly in ink)

Tel: 617-753-8000

www.mass.gov/dph

(The Nurse Aide Training Program, upon completion of this form, must send a signed copy along with instructor's resume to the address above, attention: Nurse Aide Registry.)

Instructional Personnel – RN Instructor (To Be Filled Out And Signed By Instructor):

Name of Nurse Aide Training Program _____

Name of RN Primary Instructor: _____

1. Are you a registered nurse with a current Massachusetts license?

- ☐ Yes, Massachusetts RN license number: _____
- ☐ No (DPH is unable to approve or continue approval of a Nurse Aide Training Program when nursing instructors are not registered nurses with a current Massachusetts license.)

2. Do you have training or experience as a teacher or instructor?

- ☐ Yes (check that which applies, and attach resume):
- ☐ Minimum of one year experience in lesson planning, lesson delivery, student evaluation and remediation in a position such as in-service coordinator or staff educator in a healthcare setting; or,
- ☐ Completion of a minimum of 24 Board of Registration in Nursing approved continuing education hours in curriculum development, teaching adult learners and student evaluation, or
- ☐ No (DPH is unable to approve or continue approval of a Nurse Aide Training Program when nursing instructors lack the minimum required teaching experience or education.)

3. Do you have a minimum of two years of nursing experience as an RN, at least one year of which was in the provision of nursing services in a nursing home?

- ☐ Yes
- ☐ No (DPH is unable to approve or continue approval for a Nurse Aide Training Program when nursing instructors do not have minimum required nursing experience.)

4. Have you had an allegation of abuse, neglect or misappropriation under MGL Chapter 111, section 72F-72L (the Patient Abuse Law) found valid against you in any Massachusetts facility or program?

- ☐ No
- ☐ Yes (Please attach a statement which includes the circumstances of the allegation, the facility, approximate date of the allegation and if known, the DPH case reference number.)

5. Have you had an allegation of Medicare or Medicaid fraud found valid against you?

- ☐ No
- ☐ Yes (Please attach a statement which includes the circumstances of the allegation, the facility, approximate date of the allegation and if known, the DPH case reference number.)

6. PRIVATE BUSINESS SCHOOLS ONLY: I understand that all instructors must have prior approval as an instructor from the DPL Office of Private Occupational School Education before serving as an instructor.

- ☐ Yes
- ☐ No (DPH is unable to approve or continue a private business school's Nurse Aide Training Program certification when nursing instructors do not have DPL approval.)

I certify and attest under the pains and penalties of perjury that, to the best of my knowledge, the above information is true and accurate.

Signature

Date

Typed or Printed Name of RN Instructor

I certify and attest under the pains and penalties of perjury that I am the owner or administrator of the training program; that I have made reasonable efforts to verify the above information; and, to the best of my knowledge, the above information is true and accurate. I understand that it in accordance with CFR 42, Part 483 – Subpart D - §483.151 (d) “[the] program must notify the State and the State must review that program when there are substantive changes made to that program...” and will notify the Nurse Aide Registry if any of the above information changes.

Signature

Date

Typed or Printed Name and Title

Training Program Name